



TOWN OF EAST LONGMEADOW

Accident / Incident Report Form

Injured Person
Phone
Address

Date of Injury _____ Time _____

Location of Accident / Incident _____

Description of Accident / Injury _____

Witnesses:

Name	Name
Address	Address
Phone	Phone

Reported by: _____ Title _____

Date of Report _____

TO BE COMPLETED BY DEPARTMENT HEAD OR DESIGNEE

Cause of Accident / Incident _____

Suggestive Corrective Action _____

Condition Corrected Date _____

Completed By _____ Date _____

All Reports **MUST** be completed within 48 hours of Accident / Incident
Forms **MUST** be sent to the Board of Selectmen